

PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2003					Application or Docket Number 10737332			
CLAIMS AS FILED - PART I <small>(Column 1) (Column 2)</small>					<small>SMALL ENTITY</small> <small>TYPE</small> <input type="checkbox"/> <small>OTHER THAN</small> <small>OR</small> <small>SMALL ENTITY</small>			
TOTAL CLAIMS <input type="text" value="5"/>				<small>RATE</small> <input type="text" value="385.00"/> <small>OR</small> <input type="text" value="770.00"/>		<small>RATE</small> <input type="text" value=""/>		
FOR <input type="text" value=""/>		NUMBER FILED <input type="text" value="5"/> NUMBER EXTRA <input type="text" value="0"/>		<small>XS 9=</small> <input type="text" value=""/> <small>X43=</small> <input type="text" value=""/> <small>+145=</small> <input type="text" value=""/> TOTAL <input type="text" value="385.00"/>		<small>XS18=</small> <input type="text" value=""/> <small>X86=</small> <input type="text" value=""/> <small>+290=</small> <input type="text" value=""/> <small>OR TOTAL</small> <input type="text" value=""/>		
TOTAL CHARGEABLE CLAIMS <input type="text" value="5"/>		minus 20 = <input type="text" value="0"/>						
INDEPENDENT CLAIMS <input type="text" value="1"/>		minus 3 = <input type="text" value="0"/>						
MULTIPLE DEPENDENT CLAIM PRESENT <input type="checkbox"/>								
<small>* If the difference in column 1 is less than zero, enter "0" in column 2</small>								
8/15 CLAIMS AS AMENDED - PART II <small>(Column 1) (Column 2) (Column 3)</small>					<small>SMALL ENTITY</small> <small>OR</small> <small>SMALL ENTITY</small>		<small>OTHER THAN</small> <small>SMALL ENTITY</small>	
AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT <input type="text" value="20"/>		HIGHEST NUMBER PREVIOUSLY PAID FOR <input type="text" value="20"/> PRESENT EXTRA <input type="text" value="0"/>		<small>RATE</small> <input type="text" value=""/> <small>XS 9=</small> <input type="text" value=""/> <small>X43=</small> <input type="text" value=""/> <small>+145=</small> <input type="text" value=""/> TOTAL ADDIT. FEE <input type="text" value=""/>		<small>RATE</small> <input type="text" value=""/> <small>XS18=</small> <input type="text" value=""/> <small>X86=</small> <input type="text" value=""/> <small>+290=</small> <input type="text" value=""/> <small>OR TOTAL</small> <input type="text" value=""/>	
	Total <input type="text" value="20"/>		Minus <input type="text" value="20"/>					
Independent <input type="text" value="3"/>								
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>								
AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT <input type="text" value="20"/>		HIGHEST NUMBER PREVIOUSLY PAID FOR <input type="text" value="20"/> PRESENT EXTRA <input type="text" value="0"/>		<small>RATE</small> <input type="text" value=""/> <small>XS 9=</small> <input type="text" value=""/> <small>X43=</small> <input type="text" value=""/> <small>+145=</small> <input type="text" value=""/> TOTAL ADDIT. FEE <input type="text" value=""/>		<small>RATE</small> <input type="text" value=""/> <small>XS18=</small> <input type="text" value=""/> <small>X86=</small> <input type="text" value=""/> <small>+290=</small> <input type="text" value=""/> <small>OR TOTAL</small> <input type="text" value=""/>	
	Total <input type="text" value="20"/>		Minus <input type="text" value="20"/>					
Independent <input type="text" value="3"/>								
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>								
AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT <input type="text" value="20"/>		HIGHEST NUMBER PREVIOUSLY PAID FOR <input type="text" value="20"/> PRESENT EXTRA <input type="text" value="0"/>		<small>RATE</small> <input type="text" value=""/> <small>XS 9=</small> <input type="text" value=""/> <small>X43=</small> <input type="text" value=""/> <small>+145=</small> <input type="text" value=""/> TOTAL ADDIT. FEE <input type="text" value=""/>		<small>RATE</small> <input type="text" value=""/> <small>XS18=</small> <input type="text" value=""/> <small>X86=</small> <input type="text" value=""/> <small>+290=</small> <input type="text" value=""/> <small>OR TOTAL</small> <input type="text" value=""/>	
	Total <input type="text" value="20"/>		Minus <input type="text" value="20"/>					
Independent <input type="text" value="3"/>								
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>								
<small>* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.</small> <small>* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."</small> <small>* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."</small> <small>The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.</small>								

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